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CONFIRMATION NO. 3190

SERIAL NUMBER 09/292,186	FILING DATE 04/15/1999 RULE	CLASS 257	GROUP ART UNIT 2811	ATTORNEY DOCKET NO. IR-1609-(2-1
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APPLICANTS

DANIEL M. KINZER, EL SEGUNDO, CA;

** CONTINUING DATA *****
 This appln claims benefit of 60/082,803 04/23/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/06/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS #8	INDEPENDENT CLAIMS 2
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 2352
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TITLE
 P-CHANNEL TRENCH MOSFET STRUCTURE

FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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☐ Credit

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APPLICANT

DANIEL M. KINZER, EL SEGUNDO, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/082,803 04/23/98

[Signature] See below

****371 (NAT'L STAGE) DATA*******

VERIFIED

N/A See below

****FOREIGN APPLICATIONS*******

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>[Signature]</i> Examiner's Initials _____ Initials _____					

ADDRESS

SEE CUSTOMER NUMBER: 002352

TITLE

P-CHANNEL TRENCH MOSFET STRUCTURE

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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